

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000096549

FILED
Jan 17, 2007
Secretary of State

Entity Name: MOBILE INDUSTRIAL MEDICINE, LLC

Current Principal Place of Business:

1350 E MAIN STREET, SUITE C1
BARTOW, FL 33830

New Principal Place of Business:

Current Mailing Address:

101 CITRUS LANE
PONTE VERDA BEACH, FL 32082

New Mailing Address:

4401 PAWNEE PATH
VALRICO, FL 33594

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADAMS, TIMOTHY
1350 E MAIN STREET, SUITE C1
BARTOW, FL 33830 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HAZZARD, ELISE F
Address: 101 CITRUS LANE
City-St-Zip: PONTE VERDA BEACH, FL 32082

Title: MGR () Delete
Name: HAZZARD, JEFFREY P
Address: 101 CITRUS LANE
City-St-Zip: PONTE VERDA BEACH, FL 32082

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: HAZZARD, ELISE F
Address: 4401 PAWNEE PATH
City-St-Zip: VALRICO, FL 33594

Title: MGR (X) Change () Addition
Name: HAZZARD, JEFFREY P
Address: 4401 PAWNEE PATH
City-St-Zip: VALRICO, FL 33594

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ELISE F. HAZZARD

MS.

01/17/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date